

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

2000 Medical Expenditure Panel Survey
Insurance Component
HEALTH INSURANCE COST STUDY
PLAN INFORMATION QUESTIONNAIRE

Please correct errors in name, address, and ZIP Code.
ENTER number and street if not shown.

PLAN INFORMATION

FOR CENSUS USE ONLY

100

For your government unit, please answer these questions for the health plan with the *(largest/next largest)* enrollment.

- 1a.** For 2000, what was the name of the health insurance plan with the *(largest/next largest)* enrollment of active employees?

012

Name of plan

The following questions are about the *(fill in plan name from above)*.

- 2.** Was this plan **purchased** from an insurance underwriter or was it **self-insured** by your organization?

- 105 1 ☐ Purchased from an insurance underwriter (fully insured) – **SKIP TO 5 ON PAGE 2**
2 ☐ Self insured

- 3.** Was this plan self-administered or did your government unit employ an insurance company or other administrator?

- 106 1 ☐ Self-administered
2 ☐ Insurance company or other administrator

PLAN INFORMATION – Continued

4. For this self-insured plan, did your government unit purchase stop-loss coverage?

- ¹⁰⁷ ¹ ☐ Yes } **SKIP to 6**
² ☐ No }

5. What was the name of the insurance company or carrier providing this plan?

¹⁰²

Name of insurance carrier

6. Which type of health care provider was available through *(fill plan name)*? Were the providers –

<READ CATEGORIES TO RESPONDENT & MARK (X) ONLY ONE>

DO NOT READ TERMS IN
PARENTHESES

- ¹⁰³ ¹ ☐ Exclusive providers the **enrollee must use** in non-emergency situations, (HMO, IPA, EPO)
² ☐ Any providers the **enrollee chooses** on a fee-for-service basis, or (CONVENTIONAL, INDEMNITY)
³ ☐ A mixture of preferred providers and any providers, where the enrollee pays one fee when using a provider associated with the plan and a **slightly higher fee** if he or she goes to a provider **outside the preferred group?** (PPO, POS)

7. Did this plan **require** that the enrollee see a gatekeeper or primary-care physician in order to be referred to a specialist?

- ¹⁰⁴ ¹ ☐ Yes
² ☐ No

PLAN INFORMATION – Continued

8a. Was **employee-only** coverage offered under this plan?

⁵⁵² 1 ☐ Yes – *Continue with 8b*

2 ☐ No – **SKIP TO 9a**

8b. For this plan, how much did one **typical** employee with **employee-only** coverage contribute toward his or her own premium?

¹³² \$ _____ .00 Employee contribution –
Employee-only premium

<MARK (X) ONLY ONE>

⁶²³ 1 ☐ Weekly 2 ☐ Every two weeks 3 ☐ Monthly 5 ☐ Quarterly 4 ☐ Yearly

8c. What was the (*If self-insured 'monthly premium equivalent', else, 'total premium'*) for this **typical** employee with **employee-only** coverage, including both the employer and employee contributions?

¹³⁰ \$ _____ .00 **Total employee-only premium**

<ASK OR VERIFY>

8d. For which of the following time periods are these amounts reported: weekly, every 2 weeks, monthly, quarterly, or yearly?

<MARK (X) ONLY ONE>

¹³³ 1 ☐ Weekly 2 ☐ Every two weeks 3 ☐ Monthly 5 ☐ Quarterly 4 ☐ Yearly

9a. Was **family** coverage offered under this plan?

¹³⁷ 1 ☐ Yes – *Continue with 9b*

2 ☐ No – **SKIP TO 10 ON PAGE 4**

9b. For this plan, how much did one **typical** employee with **family** coverage contribute toward his or her own premium?

READ IF NECESSARY: **If premium varies by family size, report for a family of four.**

¹³⁶ \$ _____ .00 Employee contribution – Family premium

<MARK (X) ONLY ONE>

⁶²⁴ 1 ☐ Weekly 2 ☐ Every two weeks 3 ☐ Monthly 5 ☐ Quarterly 4 ☐ Yearly

9c. What was the (*If self-insured, 'monthly premium equivalent', else, 'total premium'*) for this **typical** employee with **family** coverage, including both the employer and employee contributions?

¹³⁴ \$ _____ .00 **Total family premium**

<ASK OR VERIFY>

9d. For which of the following time periods are these amounts reported: weekly, every 2 weeks, monthly, quarterly, or yearly?

<MARK (X) ONLY ONE>

⁵⁵³ 1 ☐ Weekly 2 ☐ Every two weeks 3 ☐ Monthly 5 ☐ Quarterly 4 ☐ Yearly

PLAN INFORMATION – Continued

10. Did this plan have a deductible?

- ¹⁵¹ ¹ ☐ Yes
² ☐ No

11. Which of the following services were covered under this plan for the 2000 plan year:

<READ CATEGORIES>		Yes (1)	No (2)	Don't know (3)
¹⁷³	Chiropractic care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⁵⁸⁶	Child preventive care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
¹⁷⁶	Routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
¹⁸⁰	Inpatient mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
¹⁸¹	Outpatient mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12a. How many ACTIVE employees were **enrolled** in this plan, at this government unit, during a **typical** pay period in 2000?

¹²⁵ _____ Active employees enrolled

12b. What percentage of those **enrolled** employees had **employee-only** coverage?

⁵⁴² _____ % of active employees enrolled in employee-only coverage

OR

¹²⁹ _____ Number of active employees enrolled in employee-only coverage

12c. Did your government unit offer **employee-plus-one** coverage for this plan during 2000?

- ⁵⁷⁰ ¹ ☐ Yes – *Continue with 12d*
² ☐ No – **SKIP TO END ON PAGE 5**

12d. What percentage of the total **enrolled** employees had **employee-plus-one** coverage?

⁶²¹ _____ % of active employees enrolled in employee-plus-one coverage

OR

⁵⁷¹ _____ Number of active employees enrolled in employee-plus-one coverage

END

<DO NOT READ ALOUD>

- IF THERE IS A SECOND (OR THIRD) PLAN FOR THIS GOVERNMENT UNIT – GO TO ANOTHER MEPS-11GF(S) QUESTIONNAIRE FOR THAT PLAN.
- IF YOU HAVE ALREADY COLLECTED INFORMATION FOR THREE PLANS FOR THIS GOVERNMENT UNIT, AND THEY OFFER MORE THAN THREE PLANS, GO TO ANOTHER MEPS-11GF(S) QUESTIONNAIRE FOR EACH ADDITIONAL PLAN AND FILL IN THE PLAN NAME ONLY.
- IF THERE ARE NO MORE PLANS FOR THIS GOVERNMENT UNIT – END THE INTERVIEW BY READING THE THANK YOU STATEMENT.
- REFER TO MEPS-11GF, PAGE 4 – HAVE YOUR RETIREMENT QUESTIONS BEEN ANSWERED?

THANK YOU

This concludes the Health Insurance Cost Study. Thank you very much for your time and cooperation.